Background and importance In recent years, the prescription of immediate release fentanyl (whose indication is breakthrough pain of oncological origin treated with a basic opioid analgesic) has increased, in many cases for off-label indications, and some patients may develop physical dependence or addiction.

Aim and objectives The objective of this study was to describe the type of patients with abusive consumption (those who exceeded the defined daily dose (DDD)) that may have developed dependence to immediate release fentanyl in a healthcare area.

Material and methods This was an observational descriptive study carried out in a healthcare area of 256,807 inhabitants, which included all patients who exceeded the DDD for immediate release fentanyl between December 2019 and March 2020. The variables collected were: sex, age, indication for the opioid, duration of treatment, prescribing service, presence of addictions, psychotropics treatment and concomitant analgesics. The data were obtained from the Diraya digital medical records and microstrategy database. Statistical analysis was performed with the R programme.

Results We detected 32 patients, 58.6% women, with a median age of 59 (31–87) years, who exceeded an average of 3 (1.1–10) times the immediate release fentanyl DDD, in its different presentations: transmucosal (n=18), sublingual (n=8), lozenge (n=5) and nasal spray (n=1). Mean duration of treatment was 29.93 (2–65) months. In 31% of cases the indication was oncologic pain, while the rest were for chronic non-cancer pain (CNCP): radiculopathy (n=6), osteoarthritis (n=5), low back pain (n=4), phantom limb pain (n=2), peripheral arterial disease (n=2), knee replacement (n=1), polymyalgia rheumatica (n=1) and postradiotherapy laryngeal oedema (n=1). Regarding treatment, only 51.7% were prescribed fentanyl patch; 52% were prescribed other opioids (tapentadol (n=8), oxycodone/naloxone (n=3), morphine (n=2), tramadol (n=2) or paracetamol/codeine (n=2)), 86% NSAIDs and 36% medications for neuropathic pain (pregabalin, gabapentin or lidocaine patches). 79.3% of patients were receiving treatment with benzodiazepines, 44.8% antidepressants and 10% antipsychotics. In 38% of cases, the first prescription was in primary care, 31% in oncology, 24% in the pain unit and 7% in cardiovascular surgery. Only one patient had a previous addiction, to parental drugs.

Conclusion and relevance In our study, the profile of patients with abusive consumption of rapid release fentanyl was a higher proportion of women, receiving concomitant treatment with benzodiazepines and other analgesics, although with no relation to other addictions or psychiatric pathologies. It should be noted that in most cases it was prescribed off-label (CNCP) and the first prescription was made in primary care.

REFERENCES AND/OR ACKNOWLEDGEMENTS

Conflict of interest No conflict of interest